- 1,000 miles									Application or Docket Number					
PATENT APPLICATION FEE DETERMINATION RECORD														
Effective October 1, 2001									10042505					
CLAIMS AS FILED - PART I										TITY		OTHER	THAN	
(Column 1) (Column 2)											OR	SMALL E		
TOTAL CLAIMS			30					RAT	E	FEE		RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC	FEE	370.00	OR	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			30-minus 20=		• 16			X\$ 9=			OR	X\$18=	(80	
INDEPENDENT CLAIMS			3- minus 3 =		· _			X42=			OR	X84=		
MUL	TIPLE DEPEN	DENT CLAIM PI	RESENT					+140=			OR	+280=		
* If the difference in column 1 is less than zero, enter "0" in column 2									AL.		OR	TOTAL	980	
CLAIMS AS AMENDED - PART II OTHER THAN													THAN	
7-2/-05 (Column 1) (Column 2) (Column 3)									u	ENTITY	OR	SMALL		
AMENDMENTA		CLAIMS REMAINING AFTER AMENDMENT	:	NUA PREVI	HEST HBER HOUSLY FOR	PRESENT. EXTRA		RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
LOME	Total	. 27	EuniM	-3	0	- /		XS:	3=		OR	X\$18=		
ME	Independent	. 3	Minus		3	=/_		X42	<u>}</u> =		OR	X84=	- '· /	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+14	<b>D=</b> .		OR	+280≑		
•									TAL		lon	TOTAL ADDIT, FEE		
-2·	22-06	(0.1		(Cale	umn 2)	(Column 3		ADDIT.	FEE	<u> </u>		AUUH, PEE		
	00.06	(Column 1)		HIG	HEST	V	4		_	ADDI-	3		ADDI-	
NT B		REMAINING AFTER AMENDMENT		PREV	MBER MOUSLY D FOR	PRESENT		RA	ΓE	TIONAL FEE		RATE	TIONAL FEE	
AMENDMENT	Total	.27	Minus	•• (	<i>3</i> ()	= /-		XS	9=		ОЯ	X\$18=		
AME	Independent	• 3	Minus	***	3	1-/	4	X4:	2=		OF	X84=		
ш	FIRST PHESE	NTATION OF N	OLIPCE DE	PENUE	AL CENTA		_	+14	0=		OR	+280=		
						1			JATC		OF	TOTAL		
		5.3 - 4		/Cal		(Cohima 2		ADDIT	FEE			ADDIT. FEE		
		(Column 1)			umn 2) SHEST	(Column 3	4		_	ADDI-	7		ADDI-	
AMENDMENT C		REMAINING AFTER AMENDMENT		PRE	MBER VIOUSLY ID FOR	PRESENT EXTRA	١	RA	ΤE	TIONAL	-	RATE	TIONAL FEE	
O M	Total	•	Minus	••		æ		X\$	9=		OF	X\$18=		
NE NE	Independent	•	Minus			Ŀ		X4	2=	1	OF	X84=		
Ľ	FIRST PRES	ENTATION OF I	MULTIPLE DE	PENDE	NT CLAIN	- 4	J			1	1			
	M. Ab. a. A	uma d la lace de : :	the cate is cal	hame *	ulla Me la a	ohene 3		+14			OF		<u> </u>	
<ul> <li>if the entry in column 1 is less than the entry in column 2, write "0" in column 3.</li> <li>if the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."</li> <li>if the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."</li> </ul>									OTAL FEE		OF	ADDIT. FE		
1 "	"If the "Highest N The "Highest Nu	umber Previously mber Previously I	Paid For IN The	dis SPAC or Indepe	it is less it indent) is ti	ian 3, enter "3. ie highest num	ber 1	lound in	the a	ppropriate t	ni xox	column 1.		
												EPARTMENT	S CDM	
	M 9TO-875 (Rev.			_				retent on	Teed	ATTRIBUTE CONTRACTOR				

FORM PTO-875 (Rev. 8/01)